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THE CARE OF NURSES.

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It is a great pleasure to me to meet for the first time the Canadian Society of Superintendents of Training Schools for Nurses. Being one of the early graduates of the Massachusetts General Hospital Training School for Nurses, Boston, I am among the pioneers of the profession on this side of the Atlantic, and having been, at one time, for some years the Superintendent of the Newport Hospital, Newport, R.I., I am familiar with at least some of the problems which present themselves to the members of this Society. I consider it a great honor to be permitted to address you on this important subject, the care of nurses, and, being a Canadian born and bred, you will know that whatever I say is not the utterance of a critical outsider, but the friendly consideration that an elder sister gives to the affairs of the family.

There are three things which are obviously necessary to the proper organization of a hospital, yes, even to its very existence: The patients, the buildings and the staff.

Without the patients there would be no cause for the hospital, and they are the chief consideration of everyone connected with it. An enormous medical literature is directed to the analysis, classification and treatment of their diseases. The staff exists for their service. The buildings are erected with special reference to their needs.

These buildings are carefully planned with regard to heating, lighting, ventilation and sanitation. A large number of books have been written on hospital construction and able architects have made a special study of the subject. The buildings have not been neglected. We have some in Canada which are second to none. The new Toronto General Hospital, for example, and the Nurses' Residence at the Children's Hospital in the same city, which is one of the most beautiful and convenient I have ever seen.

Now, as to the third hospital necessity, the staff. This may also be divided into three parts:

The trustees, who supervise the lay management of the hospital

affairs, its finances, etc., and who, perhaps, sometimes assume more control over the purely professional side than we think is entirely warranted.

The medical staff, who give much unselfish service and are, in a measure, rewarded by opportunities for observation and practice which are not obtainable by their less fortunate brothers.

Last, as becomes the importance of the subject to us, giving us time to think upon it more at length, come the nurses.

Without efficient nursing service a condition would prevail in all hospitals similar to that which Florence Nightingale found in the military hospitals when she went out to the Crimea.

At one time in the history of Bellevue Hospital the nursing was done by the vagrant women who, when senteneed in the police court to be sent to the Island, instead were detailed to service in the hospital wards and thus served their sentence.

No physician could order stimulant given to a patient, he was obliged to administer it himself, or the nurse absorbed it instead of the patient.

The nursing problem would be comparatively an easy one if we had to consider only the relation of the nurse to the hospital.

Numerous volumes have been written and thousands of hours of lectures have been delivered and lessons taught on the duties of nurses to their hospitals and their patients. There is little left to be said on that side.

We are only gradually awakening to the fact that hospitals have very important and very urgent duties towards their nurses, which in the past have been sadly and shamefully neglected.

Who is to speak for these nurses? They cannot speak for themselves. Who, but we, their Superintendents. We understand the conditions thoroughly, we have trod the whole long and difficult way, have been probationers, pupils, head nurses, graduates, we know by personal experience the hardships of the road and we are they who should be foremost in suggesting means to lighten them.

A very wise observer, Dr. Hurd, of the Johns Hopkins staff, has said that unless the hours on duty of nurses are shortened and better food is served to them, the standard of nurses will continue to lower.

Miss Adelaide Nutting, who is the Director of the course in Nursing and Health in Teachers' College, New York, in connection with Columbia University, in enumerating the causes which make it difficult to attract suitable applicants to training schools says: "First, there is a decided and almost universal objection to the long hours of hard work, especially to the twelve hours of night work." Thus trained observers see that there are abuses to be remedied

Why do pupils enter a training school for nurses? It is that they

may acquire a profession and be thoroughly fitted both by practical and theoretical training for all the duties which it may demand of them.

Does it so fit them? Which comes first in planning the daily round of work and instruction, the needs of the hospital, or the requirements of the nurse?

Is it just to take the hard service, the great expenditure of bodily strength which the care of the sick requires, and give in return to the nurse a preparation which does not fully prepare her for the emergencies she may have to meet after she graduates? There are drawbacks to the most perfect hospital training which are inherent in the very nature of the case and cannot be overcome.

For example, implicit obedience to orders, which is absolutely necessary if discipline is to be maintained, is not conducive to quickness of resource, the ability to meet a condition that may arise in the absence of the doctor and require to be dealt with at once for the benefit of the patient. Apart from this, is the attitude of the hospital towards its pupil nurses that of a teacher, willing and anxious to place all its powers of instruction at their service and to use the material which it possesses in such abundance to further in every way her advancement in the knowledge of her art?

You know Florence Nightingale said: "Nursing is an art, I had almost called it the finest of the fine arts."

I do not think we can truly say that the hospital does this, at least in the great majority of cases. The nurse is used for the benefit of the hospital, as a means of having its sick carefully cared for. The long hours of exhausting work in the wards so overtax her strength that it is difficult for her to study and so master the theoretical part of her profession.

While practical instruction is most necessary and nothing can teach nursing but the actual doing of it, the constant repetition of all the numberless things that must be done for the comfort and welfare of the patient, yet this is not all.

We must delve far below these to the foundations, the reasons why these things are required, else we are only craftsmen and not artists. Such a simple matter as the avoidance of a wrinkle in a draw sheet leads to a consideration of bed sores, questions of tissue changes, anatomy, and physiology. When a nurse comes off duty too tired to think she cannot follow this, or any other point, into text books, or hope to elucidate by study any subject that is not clear to her. When the body is over fatigued the mind is not alert, or at its best. A nurse cannot assimilate a lecture, or profit by a demonstration when her attention is distracted by aching feet, or her nerves quivering from more demands upon her than she has been able to meet.

Teaching.

The quality of the instruction given has improved immensely during late years. Many admirable text books have been written for the use of classes. Lecturers take their duties more seriously than in the early days of training schools, and some of the courses given are most useful for the purpose of information and instruction.

The three months' course of preliminary training given by a few hospitals to pupils before they enter the wards is a departure of great benefit to the pupil nurse. Before being called upon to do anything for a patient she is taught by a competent instructor exactly how it should be done and receives an elementary training in anatomy, physiology and materia medica. She thus enters the wards with a certain amount of confidence which enables her to make the best use of her opportunities for observation and to begin her work intelligently, without waste of time.

Every ward should be in charge of a graduate nurse. No undergraduate should be entrusted with the teaching of pupil nurses.

The Superintendent should arrange a plan of teaching for each ward, such and such subjects to be especially emphasized there, and she should satisfy herself that no pupil leaves a ward without understanding them and having mastered them.

You will perceive that this would prevent a nurse from being hastily moved from ward to ward, according to the exigencies of hospital emergencies.

If a hospital is a school for nurses it should conform to the needs of the pupils, they should not be exploited to serve the requirements of the hospital.

The Payment of Nurses.

This brings us to the consideration of a question which is already a pressing one, and that will be increasingly so until it is settled—the payment of nurses.

If a nurse receives any form of money compensation from a hospital for her services therein, she is bound to render them to the fullest extent demanded. She gives them at a much lower rate than she would receive for them elsewhere because in addition to the money paid her she has certain instruction, formal and incidental, which she accepts as part of her compensaton. Her education in her profession is not the chief end in view, as it is in a medical school.

The hospital is bound to provide for the care of its sick, it is for this purpose that it exists. This service it attains from its pupil nurses for a comparatively small sum. It is, therefore, under the deepest obligation to supplement this inadequate compensation by the most thor-

ough education in the art of nursing which the pupils come there to acquire. Does it do so?

Would it not be better for the training school to say frankly to the hospital: "We need the education in nursing we can only acquire by the personal care of the sick who are in your charge.

"We do not wish to be paid while we are learning to nurse. We will freely give the service which your patients cannot do without.

"We require that you maintain a sufficiently large staff to prevent us from being overworked. That you have ward maids in sufficient numbers to relieve us from the housework, which, after it is once mastered, is not a necessary part of a nurse's daily training.

"That you give us enough time for the classes, lectures and demonstrations by means of which we must be properly grounded in the theoretical part of our profession."

The ordinary hospital board would probably say at once, "Impossible, we could not afford it." Take the case of a hospital with 40 nurses, to whom is paid $10 a month cash, $4,800 a year. If they give their services gratuitously, this sum would provide maintenance for a larger staff, more ward maids, paid lecturers and a better classroom equipment.

Would the greater number of hospital trustees expend the money saved in this way?

Would they not probably enlarge the buildings and take in more patients?

Before this step is taken by any training school it should be distinctly understood that the money saved is to be expended for the benefit of the pupils and not added to the income of the hospital.

Personally I do not think that nurses should ever be obliged to pay for their training, as is advocated by some enthusiasts.

A nurse during her hospital life performs many hundred acts of service for the benefit of her patients which when once learned are not necessary for the perfecting of her own technique. When she has made six poultices she has mastered the composition of a poultice, she may make 60 during her training by the order of the physician, and this extra service should be accepted by the hospital as full compensation for the knowledge she has obtained.

The parallel between the nurse in training and the college student is not a just one, because the latter renders no personal service for the education received.

Food.

Efficiency is the ideal of the nurse. In connection with labor one hears of nothing but the conservation of energy, the co-ordination of

effort, that every movement may yield the maximum of result with the minimum of expenditure of power.

Is the hospital obtaining from its nurses the best that they can give, and if not, why not? I have no hesitation in saying that one very potent reason is because it does not feed them properly.

No engine can do its work well without proper and sufficient food, adapted to its needs. The human machine is no exception to this rule.

I have in mind one hospital where the nurses are obliged to supplement the fare provided for them by purchasing biscuits, chocolate, etc., to be eaten in their rooms. The food is unappetizing, badly cooked and badly served.

In another, pork frequently appears on the table during the summer months, when it is surely out of place as an article of food.

No one expects luxurious diet in a hospital, but the meals provided for the nurses should be palatable, abundant and nourishing. There should be no just ground for complaint, either as to cooking or serving.

It is not easy to eat when one is tired; the appetite flags. Nurses are usually tired and food should be presented to them in such a form as to be tempting and not disgusting. At once we hear the objection from those in control of the finances: "We cannot afford the expense of better fare."

Is it necessarily more expensive? One concrete example is worth a hundred vague statements.

The University of Valparaiso, Indiana, gives a student an abundant, well cooked and well served dinner for 10 cents, a supper of the same order for 4 cents, and breakfast for the same sum. Out of the profits the authorities have built up a university which has an annual revenue of $200,000, and has been in existence about 35 years.

In the dining hall at Yale a plate of buttered toast costs 10 cents, at Valparaiso a comfortable dinner is provided for that amount. Everything is as good as it would be in a well managed private household.

What is the secret of the difference?

Brains, applied to the problem. Careful buying, good management and the elimination of waste.

A competent person should be in charge of the kitchen of every hospital, not necessarily as cook, but as overseer and manager. She would save her salary many times over. Waste is one of the principal factors in increasing hospital expenditure.

The bill of fare for the nurses should receive as much attention as that of the private patients. While luxuries are unnecessary, food values should be carefully studied and it should be seen that efficiency is kept at the highest standard by means of sufficient and suitable nourishment. It is useless to purchase the best provisions the market affords if they are spoiled in the cooking and serving. If food that

should be hot is half cold when it reaches the nurses, they cannot eat it with relish. A little money expended in modern appliances for keeping it hot would double its value.

Night nurses should have a digestible and appetizing midnight meal, and time to eat it, outside the wards. Their breakfast should be substantial, as many sleep little during the day and require food to sustain them.

This whole question of feeding the nurse is one that should be readjusted by the light of modern ideas.

Bricks cannot be made without straw, and nerves and muscles exhausted by responsibility and hard work can be recuperated in no other way than by an ample supply of nourishing food.

If you carry nothing else away from this Convention of Superintendents take with you the determination to fight the battle of your nurses for ample, satisfying and attractive meals.

Rest.

Next to food as a means of preserving the health of the nurse is rest.

The pupils who come to us are usually young, they cannot endure a prolonged strain without injury. Rest is necessary to keep them in the highest state of efficiency.

When I began my hospital training we worked for 14 hours every other day, from a quarter to seven in the morning to a quarter of nine at night, with a short interval for dinner and tea. The alternative days we got off duty about two o'clock. The nurse who was left in the ward had to do all the work with very little assistance from the head nurse.

It may not be possible to establish the 8-hour system in hospitals. If the nursing staff were increased, as it should be, nurses could have shorter hours of duty in the wards and more time for study outside them.

It is the habit to advise nurses to walk in the fresh air during their hour off duty. A far more sensible plan is for them to spend the time sitting, or lying in a hammock in summer and lying down near an open window, warmly wrapped up, in winter. Their duties in the wards give them sufficient exercise and in their hours of rest they should keep off their feet.

The time may come when hospital wards will be built with some regard to the needs of the nurses as well as of the patients. Economy of effort would be promoted by the use of square wards instead of the long corridor-like rooms when the farthest beds are a long distance from the bath room and service room. This distance has to be

traversed many times a day to wait on the patients, with great unnecessary expenditure of strength.

It is a fixed principle in the arrangement of a ward that everything connected with the care of a patient must be kept out of sight, usually as far from the bed as possible. Whatever appliance is required must be brought from a distance to the bedside and hurried away again as if its presence there were a disgrace.

These unnecessary exertions would not be tolerated by the director of an efficiency squad. He makes every movement tell and not one useless one is permitted.

Why should not small articles be kept in the lockers close at hand? Why should not screens, when not in immediate use, stand folded against the wall nearby? Bed rests and bed tables slide into grooves at the head of the bed instead of being carried away and brought back each time?

The conservative head nurse cries out aghast because these devices for the easement of the nurse would interfere with the uniformity of the ward. They need not necessarily do so, they may even add to it. And if they destroyed it, which is the more important, uniformity or increased efficiency? Regularity in the appearance of the ward or more time and strength to devote to the care of the patient?

We are too much the slaves of convention. Let us think for ourselves and not be afraid to step outside the grooves of habit if by so doing we can accomplish results that are worth while.

Night Nurses.

There is no part of the nursing service that requires more thought and care on the part of the Superintendent than the night duty.

Some nursing authorities think that this work should only be performed by graduate nurses. It is an enormous responsibility for a pupil even when there is a night Superintendent, which, of course, is not the case in the smaller hospitals.

The nurse on night duty leads an unnatural life. There is a certain strain on the nerves, even under the most favorable conditions. When to this is added the sense of responsibility, the meeting of emergencies, the possibility of accidents occurring for which she is not directly responsible, and yet for which she must bear the blame, as in the case of a patient escaping from the ward, she is kept in a state of perpetual tension.

There are hospitals where a nurse is kept on night duty for six months at a time. This is worse than wicked, it is stupid—a stupid lowering of the whole tone of the nurse, which should be carefully conserved as the best asset of the hospital—and stupidity is the one sin that this age of efficiency cannot forgive in a Superintendent.

One month at a time, except under very exceptional circumstances, when it may be prolonged for a week or two, should be the limit of the term of night duty.

Many nurses cannot sleep well during the day, want of sleep lowers the vitality and overtaxes the nerves. The victom of insufficient sleep is so weary that it is hard for her to get through the early morning work and sometimes most difficult to keep awake during those hours on duty when sleep is a crime.

The Superintendent should insist that the night nurse's quarters be in the quietest part of the nurse's home and that no day nurse is allowed to share her room and disturb her.

She should know whether her night nurses sleep or not. There are simple means to induce it which she can recommend them to try if they do not sleep. Such as an ice bag at the back of the neck and a hot water bag at the feet, a glass of hot milk immediately before getting into bed, a few biscuits, or a sandwich, or a slice of meadow butter, to be eaten about ten o'clock, if sleep does not come, a warm bath on coming off duty. A night nurse who sleeps badly during the day is on the way to become a nervous wreck.

Many nurses feel very much the isolation of night duty and this is an added reason why it should be made as short as possible that they may not lose touch with the various activities and opportunities of the daily routine in the wards.

In what condition is a nurse who has just come off six months' night duty to undertake the day duty in a hard ward? This lengthened night duty is an economic waste, a relic of less scientific methods, and should be relegated to the dark ages where it belongs. It is the bounden duty of the hospital to see that the pupils who come to it for training in their profession do not suffer in health during their sojourn there. It is a place of healing, where the promotion of health is the first business of everyone connected with it, and where the best hygienic conditions should prevail.

It is the height of absurdity to make well people sick to make sick people well. Yet this is what a hospital does when it overworks and underfeeds its nurses.

Is it not high time that we Superintendents who stand between the hospital authorities on one side and our nurses on the other—rise and demand better working conditions for them, in order, if for no other lesser reason, that they may give the best that is in them to the patients whom they serve?

Discipline.

One of the most difficult problems that confronts the Superintendent of Nurses is the matter of discipline. It is hard to draw the line between liberty and license.

The pupils who come to us are not children, they are young women, accustomed to order their own lives and decide questions of right and wrong for themselves. It is not easy for them to submit to arbitrary regulations, often about subjects which seem to them of little importance one way or another.

There are certain points which must be enforced—punctuality, neatness, thoroughness, are cardinal virtues in hospital work. It is part of the nurse's training to weave them as far as may be into the very character itself. Honesty and truthfulness are pre-requisites in a nurse. If these are lacking there is no foundation to build upon, no technical instruction can supply their place, or make a reliable nurse without them. These, of course, are truisms, hardly worth mentioning because everyone knows them. It is in the border land outside that a Superintendent's troubles begin.

Why not follow the example of many colleges and large schools and place the discipline, or rather its enforcement, in the hands of the nurses themselves?

Nurses as a body are as jealous of the honor and reputation of their training school, as students are of that of their college. Many little restrictions which are very irritating when imposed from without, become bearable and reasonable when they are the result of internal discussion and decision.

The Superintendent, while very careful not to interfere in the workings of the council, remains the final court of appeal.

It is possible, too, that the common sense of the whole body of nurses may be wiser than her individual judgment.

When a nurse graduates she is obliged to become the arbiter of her own actions, why not give her practice beforehand in the training school?

Would there be as many infringements of professional etiquette after graduation if a nurse were called upon more often during her training to consider and decide what is and what is not conduct becoming to one of that high calling?

Out Duty for Nurses.

There is one point on which Superintendents should be especially firm in defence of their pupil nurses. They should not permit them to be sent to private cases, outside the hospital, during their training.

The stock argument in its favor is that they are thus better fitted for private duty after they graduate. If they could be under constant supervision during this time, as they are in the wards, this might be so, but, as we all know, exactly the opposite is the truth. The average employer hesitates to report back to the hospital the faults and mis-

takes of the nurse, unless they are very glaring ones, and so they are unknown and uncorrected.

In this day of widening opportunities for nurses, many of them after graduation go at once into institution work, or do other outside duty, and do not take up private nursing, so that the plea of preparing them for it, even if it were a good one, loses its value.

The injustice to the pupil in training is great. She loses lessons and lectures, beside the indirect teaching, which she can never regain.

It is an injustice to the nurses remaining in the hospital, lessening the number, probably already too scanty, available for the care of the sick in its charge. It interferes with the regular routine of duty, which should be sacredly observed for the benefit of the nurse, and adds greatly to the Superintendent's cares and perplexities.

The hospital receives a certain monetary return, but nurses are not in the school to add to the income of the hospital, and when there is a question as to the advantage to one or the other, the nurses should have the benefit of the doubt. In this case their interests are the first to be considered. Let justice be done if the heavens fall!

The Superintendent's Influence.

In one of the interviews that I had the great honor of having with Florence Nightingale, she picked up a little book on the care of children that had been sent her, which was lying beside her on the bed and said: "I'm so glad that this book has not a skeleton in front." Afterwards, in speaking of a certain training school, she said: "The Superintendent is just a book with a skeleton in front. She has no sympathy with her nurses. The last one was a mother to them."

Do we fully realize the enormous and far-reaching influence that our personality has over our nurses? I was much struck by a statement made by the director of the course in nursing at Teachers' College, Columbia University, in a conversation that we had a few weeks ago. We were speaking of the frigid, not to say disagreeable attitude, which some head nurses seem to consider the proper one towards the assistant nurses in their wards. Miss Nutting said that this spirit could always be traced directly back to the school in which the head nurse had been trained. If she had been treated kindly and considerately, she behaved in the same way to her nurses. If she had been the victim of rude reprimands, discourteous innuendoes, or withering, sarcastic remarks when she had made a mistake, or failed in some detail of duty, she passed it on with interest to those under her command.

The tone of our schools depends upon us. Gentleness and courtesy towards our pupils are no bar to the insistence on the strictest performance of duty. It is rather a great incentive to its performance.

I remember a not particularly impressible young woman, inclined

to be indifferent, who, having been rather severely reproved for some neglect, was found weeping over the sink where she was polishing a basin.

"Why, what is the matter, Miss Smith?" said her fellow pupil, "I saw you coming from the office, have you been scolded?"

"Oh, yes," said the weeper, "I shouldn't mind that, but, she was so kind I couldn't stand it."

More flies are caught with honey than with vinegar.

If we can first of all obtain the respect of our nurses by our own uprightness and impartiality, for nothing appeals to the average person like perfect fairness, we can secure their regard. It is so easy by the exercise of the courtesy which a gentlewoman should show to everyone with whom she comes in contact, and by a real interest and sympathy in their problems to win the affection of our nurses. They are ready to give it to us if we will have it. Without it we cannot lead them towards those high ideals which it is our privilege to present to them.

The Bible says, "Where there is no vision the people perish." A modern writer has said, "Ideals are realities. They are not a creation of the human brain, they are not conceptions we have imagined, they are realities we have discovered."

What would our great profession be but mere drudgery without its high ideals of service, of self-sacrifice, of unselfish devotion to the good of others?

Somewhere perfection exists. We shall not reach it in this world, but we can struggle towards it, gaining strength in the pursuit.

Love is the fulfilling of the law. It floods its bare facts with life as the brown mudflats of the tidal waves are filled by the inrush of the shining water when the tide comes in. It is love and the faith that is born of love that can move mountains. It is this that we can teach our nurses, by example, by suggestion, by the spoken word, as occasion offers.

It is this knowledge that will make them faithful nurses in small things as in great, that will urge them to high endeavor when duty points to some difficult task, that will enable them to accomplish it.

My sister Superintendents, this is our opportunity. Shall we not rise to it?

THE NURSES' ASSOCIATION OF CHINA.

Fifth Annual Conference, Shanghai, 1914.

The Nurses' Association of China Conference opened on Tuesday, June 30th, with the President, Miss Gage, of Changsha, in the chair. The outside temperature was hot, but was as nothing compared with the warmth of enthusiasm and comradeship manifest amongst the dele-

gates in the conference room. Nurses came from eight Provinces, and twenty-two different hospitals, both Government and Mission, were represented, but chiefly by American and British nurses, only one Chinese nurse being present. The language used was English, but ere long it is confidently expected that Chinese nurses will be able to be present at these annual conferences in large numbers, when the language used may be their own tongue.

The Conference was opened by a short devotional service conducted by Dean Walker, of the Shanghai English Cathedral. In a very helpful address he besought the members of the nursing profession never to sever the vital connection between professional ability and religious devotion. All nurses and doctors, whether professed Christians or not, were doing God's work, consciously or unconsciously, because "Gifts of healing" came from Him. If they were Christians their work was the higher work because they could minister to the soul as well as the body. "Never say, 'Man has a soul,' say 'Man is a soul and has a body.' "

The remainder of the session was given up to hearing papers on social service work and kindred subjects. A paper was read by Mrs. Matheson, Secretary of the Women's Home, on Rescue work amongst foreign women in Shanghai, and this was followed by a talk from Miss Henderson, who is in charge of the Children's Refuge in the same port. She told a touching tale of the plight of small slave girls, ill-treated little daughters-in-law, and numbers of children rescued from houses of ill-fame in Shanghai and other places. So often when they arrive at the Refuge their condition is pitiful; underfed and poorly clad, suffering from wounds and bruises and broken limbs, the results of cruelty, most of them mentally numbed, and dull at first even to appreciating kindness. But with infinite patience and much love they are gradually taught, not only ordinary school subjects, but also household duties and laundry work, mat and shoemaking, etc. Only one servant is kept in the Institution, the girls doing all the work. Just now the Refuge is full to overflowing, there is not "breathing space" for another child! The work depends on voluntary contributions for its support.

Miss Gordon, of the American Church Mission Hospital, Shanghai, then gave a paper on the Social Service work done by nurses in America, and told of the tremendous advance of hospital extension work during the last four years. The fields of work are endless, and the variety of people helped multitudinous. About 1,400 cities in the States now have Nursing Social Service in force.

On the morning of 1st July, reports from the officers of the Association were presented. The work of the past year has been that of getting better organized, and the members more closely cemented together than has been possible before. The keen President and the

energetic Secretary have "gone on going on," and the Association is steadily increasing in membership, force and usefulness. The past year has seen the printing and circulating of the "Uniform Curriculum and Regulations for Examinations" for candidates for the N.A.C. diplomas in General Nursing and in Midwifery. This union scheme is but paving the way for a National Examination and Diploma, which it is expected may emanate from the Government ere many years are past.

Three papers were given, and discussion took place on: "Home Leave; How Best to Utilize it—In England, in America, and in Europe," when helpful suggestions were made by members who had already been on furlough, and taken advantage of the post-graduate courses, and other facilities for "rubbing up" knowledge, and getting up-to-date. These papers were read by Mrs. Burnip (England), Miss Ogden (America), and Miss Hoolande (Germany).

Miss Tomlinson (late Superintendent of the Nurses at Harlem Hospital, New York) gave a talk on "Difficulties in Modern Training Schools at Home," in which she dealt mainly with the problem of lack of suitable candidates and gave some probable reasons for the shortage, and some possible aids to the solution of the problem.

Miss Simpson, of the Methodist Episcopal Mission Hospital, Foochow, gave a paper on the training of Chinese pupil nurses. She contrasted the old days and the present-day training methods in the home lands, and pointed out that we must let our pupils here profit by the lessons we have learned during the years. Let the duties which unskilled hands can do, be done by ward maids; give her good sleeping quarters and the best of food; give her time to study, and do not expect her to pick up her theoretical knowledge at odd moments; turn her out at the end of her graduation time, bounding in life and health. "Until customs in China change, her nurses can only be half nurses, for she must care for both sexes before she can be a complete nurse. The care of the sick has been looked upon as work only fit for coolies," but the status of a nurse is gradually being raised, "and as long as sickness is looked upon in so many places as devil-possession, nursing cannot take the place it does in Christian lands." "Chinese women have not the constitution of their Western sisters. After centuries of being kept indoors with little bound feet, one or two generations will not make them strong." "They must be in the future, the teachers of the women of China." "We want them to help clean out these insanitary streets, deal with contagious diseases, and get such a number in the field that the law makers of China shall be compelled to listen, and to help make this land a sanitary land."

Miss Withers (A.B.F.M.S.), of Swatow, wrote a paper on "The Chinese Graduate Nurse" and her opportunities. "China for the most part does not know that she needs trained nurses, but that is to-day,

and not to-morrow! The graduate nurse's opportunity in China is endless. They must be trained to take the foreigners' positions as Superintendents and also as Head Nurses. At present the majority of the Chinese people are too poor to use nurses in their private houses, save in a few isolated instances. But her great field lies in dispensary work and settlement work. She can be sent out into the villages and towns from the main hospitals, and work perhaps in connection with women's clubs or schools. She can teach the care of the sick, the dressing of simple wounds, the care of the eyes and teeth, care of children and newly-born infants, besides daily dispensary duties. As a visiting nurse she will be invaluable, and as she goes about can teach cleanliness and domestic hygiene. And if the nurses are trained how to lead people to Christ, a sum in multiplication is started in work for Christ which cannot be estimated."

These papers were followed by a half-hour questionaire, when much useful and practical information was given and ideas and plans interchanged. One of the chief pleasurable profits gained by the delegates to the Conference has been the interchange of ideas and plans, whether in the more public meetings and over tea cups, or in friendly discussion in the tram cars and along the roads. On all hands is heard: "How do you do this?" "What do you do under such and such a circumstance?" "What conveniences have you for so and so?" Problems which never confront a Matron or Superintendent at home have to be dealt with out here. The fumigation of bedding without a bakehouse, the disposal of refuse where there is no sewage system, the supply of sterile water, when the only water available is that from a muddy river! These and many other subjects have been discussed up and down: but the main subject has been, "How can we raise the status of the Chinese nurse, develop our standard of training and improve our teaching methods?"

The morning session on 2nd July opened with a paper on "Midwifery Training for Chinese Nurses," read by Miss Hope Bell, of the London Mission Hospital, Hankow. Midwifery training inland is only possible at present at hospitals which have been long established, and where the nurses are well enough known to be called out to normal cases. And only hospitals in large cities have a sufficiently large practice to be able to take pupil midwives. In country stations, in too many places, there is no foreign nurse, and the doctor in charge is only called out to abnormal cases, and those, too, generally "in extremis" after native women have done their best, and their worst. In England, lying-in patients come into the hospital for 10 to 14 days, but in China if a woman can be persuaded to leave her home for the event, she must remain in hospital for a month, as her friends will not allow her to cross the threshold of her house for one month after the birth of her

baby. The extra time in the ward, although it keeps out a fresh patient, yet is utilized in teaching her how to feed and bathe her baby, and how to generally care for it and deal with its minor ailments. And above all, it gives longer opportunity for her to learn the story of Jesus and His love.

Miss Loader, of Foochow, gave a paper on "The Duties of a Matron in China." "Our home hospitals are usually well staffed with sisters and nurses, who all have some share in the education of probationers, and where assistants are available to help with the administrative work, and with the laundry and storeroom departments. But in China it is quite different. One foreign trained nurse is all the hospital can boast, except in a very few isolated instances. Thus it comes about that the whole of the teaching and practical training, plus the oversight of the departments and employes, has to be done with one pair of eyes and hands!"

A paper followed by Miss Hood (Soochow), on "The Difficulties" which meet Matrons out here.

The Conference this year has been by far the best the Nurses' Association of China has ever had. It was more representative and more enthusiastic and it will be more far-reaching in its results than any previous gathering. The Association is still in its childhood; we will not say infancy, but we look forward with steadfast hope to the day when we shall be affiliated with the International Council of Nurses, and when China will have fully trained and devoted nurses from end to end of her great Republic. To-morrow's strength will be very largely the heritage of to-day's patient striving.

E. H. B.

Perhaps the best paper of the Conference, and anyway the most helpful for the Nurses' Association of China as a whole, was one by Miss E. Chung (late of Guy's Hospital, London), and now Matron of the Government Hospital, Tientsin. "How Can the Nurses' Association Help China?" was the subject, and Miss Chung, after a graceful appreciation of efforts made, gave us many useful suggestions for enlarging our coasts and raising the standard of nursing and thus being "the means of helping China to a body of trained Chinese women to minister to the sick, the Association will have supplied one of China's sorest needs."

Various suggestions were made such as "every trained nurse already in China being joined to the Association——each Province having its own branch." "Aiming at each year to send a suitable girl to England or America for full training." In China we fear for some years yet the training must be one-sided, for male nurses are essential

in most of the men's hospitals; Chinese girls have not as yet taken up that side of nursing. Another point Miss Chung emphasized, and which most of us were grateful to her for doing so was: "We must keep up our ideals and standard of nursing, not lowering it, and not excusing ourselves by saying the Chinese do not appreciate it and will not like this or that. If they do not, we must educate them to appreciate the best." "It is no good trying to help China unless we try to improve the standard of living. We must remember it is not because they are Chinese that their standards are low, but because they have not seen better things. Then let us show them the better things." "I beg each member—you who are giving your services so generously—to do it with the spirit of true helpfulness, to treat the Chinese as human beings, to raise the standard of nursing, to raise the people to enjoy this standard; forget race differences, for are we not all Christians, brothers and sisters in Christ, whether Negroes, Chinese, Americans or English? If God makes no distinction, who are we that we should make any? At the last Judgment God says 'Saints triumphant shall stand before Me gathered in from every race.'

"Let us, then, take pains not to lower the standard of the nursing profession. Indeed, I feel that the Association can be the means of raising it. And my one desire for us all is that our Association may be the means of really helping China, and helping her in the right way, for we can supply one of her greatest needs."

The members of the Nurses' Association of China are all fully trained nurses, whether Chinese, English, American or any other nationality, working in China. The officers for the ensuing twelve months represent three nationalities, Chinese, American and English. Thus, with their united efforts, they hope to bring the training schools for nurses in China to a high level; and by experience gained, hope to avoid many weak points that have hampered the profession in its onward course in other lands.

A. CLARK.

Corresponding Secretary, N.A.C.

Owing to the unsettled condition of the country, the Executive Committee of the Canadian Hospital Association has decided to postpone indefinitely the Annual Meeting, which was to have been held on October 20th, 21st and 22nd.

W. J. DOBBIE, Secretary.

Editorial

THE CARE OF NURSES.

Miss Scovil's paper on this subject, which was given at the meeting of the Canadian Society of Superintendents of Training Schools for Nurses at Halifax, and which appears in this issue, is the best exposition of this subject it has been our privilege to read. The truths so clearly set forth in this paper should be read and pondered by all who have the care of nurses. If this knowledge is assimilated, pupil nurses will long bless Miss Scovil for speaking so strongly and ably in their behalf.

If greater attention was paid to the care of nurses in all our hospitals, there would be less outcry about the scarcity of nurses. Young women can fit themselves to enter other lines of activity without fearing a breakdown from overwork, and this we find them doing, rather than entering the nursing profession, which they have learned calls for a very strenuous three years of training.

Better conditions will mean more and better nurses. Let us hope that Miss Scovil's arguments will fall on good ground and bear abundant fruit for the benefit of the pupil nurses.

THE NURSES' ASSOCIATION OF CHINA

Our nurses will read with interest the report of the Conference of the Nurses' Association of China. We much appreciate the kindness of the Secretary in forwarding us this report. It is interesting to note that the nurses in China are arranging for a general uniform curriculum and examinations that will place the profession on a splendid footing. A Registration broad and national like this is so much to be preferred to Registration in sections, as it were.

We wish the Nurses' Association of China every success in its splendid work, and predict great things for the profession that is having its foundation so well and broadly laid by this association.

THE CANADIAN WOMAN'S ANNUAL

This new book, which is to appear this month, should be of great interest to every nurse in Canada, who wishes to keep informed of the different activities carried on by women.

This is the first time that information of this sort has been made available, and every woman worker owes a debt of gratitude to the indefatigable editors, who have collected such a fund of information and arranged it in convenient form for reference. Further reference is made to this in "The Nurses' Library."

THE DEATH OF ISABEL McISAAC

The news of the death of this well-known and much-beloved nurse, on September 21st, comes to us as a great shock. Miss McIsaac had been a prominent worker in the profession for a number of years, having held several of the highest positions in the gift of the profession in the United States, and was, at the time of her death, Superintendent of the Army Nurse Corps.

Miss McIsaac has also contributed largely to the literature of the profession. Among her works are a number of good, practical text books, which will bear witness to her thoroughness and good common sense to the pupil nurses of the future.

A great woman, a wonderful nurse, whose high ideals and far-seeing vision did so much to put the profession on its present footing in her country! Her work may be carried on by another, but her place can never quite be filled.

To our sister nurses in the United States who are thus sorely bereaved we extend our most sincere sympathy.

FANNY WILDE McEVOY

The different associations and individual nurses who have generously helped towards the support of this aged nurse, are asked to continue their generosity. Miss Charlotte A. Aikens, 722 Sheridan Ave., Detroit, who has charge of this fund, gives us this information:

"Mrs. McEvoy is still with us and needing our help. For some time before and after her husband died, she seemed so frail that it seemed unlikely she would live the year out. However, when the strain of his illness and death was past, and the warm weather came, her health improved—she has seemed unusually well this summer.

"She was a guest at a reception which was given the Spanish-American War nurses at their meeting in Detroit in September. It was a great day for her, and the nurses were so delighted to meet her. She was as excited as a child over the event. By way of entertaining the assembled company she recited, in splendid fashion, a bit of poetry which was written by one of her patients away back in 1861, in appreciation of the work of The Nightingales, as the first probationers were

called. She had the original copy of the verses with her—yellow with age.

"I do not know how we would have gotten along with the problem of providing for her care had it not been for the very liberal response which the Canadian nurses have made every year. I know that the war brings many new problems to Canadians, but I am hoping that the Canadian nurses will be able to continue their support.

"I want to thank them most heartily for all they have done for her."

We know that our nurses will not forget the old duties because new ones are many, and that Mrs. McEvoy will receive the usual liberal assistance.

NO NURSES' EXHIBIT

Helen P. Criswell, chairman of the committee in charge of the Nurses' Exhibit at the Panama International Exposition, directs attention to the fact that, owing to the great demands made upon nurses on account of the war, the International Council of Nurses has decided that it is best to discontinue all plans for the Nurses' Exhibit at the Exposition.

This does not mean that the Congress will not go on. Plans are well advanced for the Congress, which opens on May 31st, 1915. This should be of great interest, for nurses will have learned many things in this terrible time of strife and trouble. New needs will have loomed up. Nurses are resourceful—the necessities of their profession make this an essential—and will at once set about adjusting their plans of work to meet the new needs.

The nurses of California are planning great things. Let us see to it that we do our part in making these great things possible.

THE ANNUAL MEETING IN VANCOUVER

The next annual meeting of the Canadian National Association of Trained Nurses will be held in Vancouver, B.C., on May 26th and 27th, 1915. These dates have been arranged to permit the delegates to go on to San Francisco in time for the International Congress.

Our nurses will all be anxious to do their part in making the Vancouver meeting memorable, as well as to share in the benefits of the International Congress. All will be glad to know the dates, so as to be able to get plans in order early.

The Canadian Society of Superintendents of Training Schools for Nurses holds its next annual meeting in Vancouver on May 24th and 25th, 1915.

The Guild of Saint Barnabas

CANADIAN DISTRICT

MONTREAL—St. John Evangelist, first Tuesday Holy Communion at M. G. H., 6.15 a.m. Second Tuesday, Guild Service or Social Meeting, 4 p.m. Third Tuesday, Guild Service at St. John's, 8.15 p.m. Last Tuesday Holy Communion at R. V. H., 6.15 a.m.
District Chaplain—Rev. Arthur French, 158 Mance Street.
District Superior—Miss Stikeman, 216 Drummond Street.
District Secretary—Miss M. Young, 36 Sherbrooke Street.
District Treasurer—Miss F. M. Shaw, 21 Sherbrooke Street.

TORONTO—Nurses' Residence, H.S.C. last Monday 8 p.m.
Chaplain—Rev. D. L. Owens, 10 Trinity Square.
Superior—Mrs. Goldwin Howland, 538 Spadina Ave.

QUEBEC—All Saints Chapel, The Close. Guild service, fourth Tuesday 8.15 p.m.
Chaplain—The Very Rev. the dean of Quebec.
Superior—Mrs. Williams, The Close

To be happy, hopeful, buoyant, kind, loving from the depths of my heart; considerate and thoughtful regarding the peculiarities and eccentricities of human nature; adjusting myself to each so as to produce harmony and not friction; to be pure in thought, word and deed; broad-minded and liberal, not given to petty denunciation of my fellows, moderate in methods of life; never adding a burden or sorrow where a little forethought would give pleasure, not hasty in speech or action; sincere, candid, truthful in every detail; conscientious in the execution of every duty; composed, unpretentious and simple, keeping close to Nature's heart and always relying upon Him I most earnestly strive to serve; keeping ever before me that exemplary Life as my rule of conduct toward men, thus creating an influence for good. This is my idea of making "Life Worth Living."—Louise M. J. Waddell.

THE GRADUATE NURSES' ASSOCIATION OF ONTARIO.

(Incorporated 1908.)

President, Mrs. W. S. Tilley, 157 William street, Brantford; First Vice-President, Miss Helen N. W. Smith, 559 Concession street, Mountain, Hamilton; Second Vice-President, Miss Morton, Superintendent Collingwood General Hospital; Recording Secretary, Miss I. F. Pringle, 310 Brunswick avenue, Toronto; Corresponding Secretary, Miss Jessie Cooper, 30 Brunswick avenue, Toronto; Treasurer, Miss Julia F. Stewart, 12 Selby street, Toronto. Directors: Miss Mathieson, Superintendent Riverdale Hospital, Toronto; Mrs. W. E. Struthers, 558 Bathurst street, Toronto; Miss M. Ewing, 295 Sherbourne street, Toronto; Miss Jean C. Wardell, R.N., 290½ Dundas street, Toronto; Miss Jessie M. Robson, 45 Dundonald street, Toronto; Mrs. Clutterbuck, 148 Grace street, Toronto; Miss J. G. McNeill, 52 Alexander street, Toronto; Miss C. E. De Vellin, Alexandra Apartments, University avenue, Toronto; Miss O'Connor, St. Michael's Hospital, Toronto; Miss E. J. Jamieson, 23 Woodlawn avenue east, Toronto; Miss E. M. Norris, 82 Isabella street, Toronto; Miss Kinder, Hospital for Sick Children, Toronto; Mrs. George Nichol, Cataraqui; Miss Allen, 3 Classic avenue, Toronto; Miss Agnes Boyd, 59 Avenue road, Toronto; Miss G. L. Rowan, Superintendent of Nurses, Grace Hospital, Toronto.

Conveners of Standing Committees: Constitution and By-Laws, Miss H. N. W. Smith, Hamilton; Press and Publication, Miss Ewing.

At the annual meeting, which was held on September 17th, the By-Laws and Constitution were revised and each Chapter and Alumnae will be notified of the changes made. Considering the very busy time of the year, the meetings were well attended. We were glad to welcome delegates from Peterboro, Fort William, Kingston, and Collingwood. Delegates from the other Chapters were unable to attend owing to the unusual activities occasioned by the war.

"The Canadian Nurse" will contain a report of the meetings. Every member, if not already a subscriber, should become one so as to secure the report.

THE CANADIAN NURSES' ASSOCIATION AND REGISTER FOR GRADUATE NURSES, MONTREAL.

President—Miss Phillips, 43 Argyle Ave.
Vice-Presidents—Mrs. Petrie and Miss Dunlop.
Secretary-Treasurer—Miss Des Brisay, 16 The Poinciana, 56 Sherbrooke Street West.
Registrar—Mrs. Burch, 175 Mansfield St.
Reading room—The Lindsay Bldg., Room 319, 517 St. Catherine St. West.

The Nineteenth Annual Meeting of the Canadian Nurses' Association was held on Tuesday afternoon, October 6th, at 3.30. Owing to the absence of the President, Miss Phillips, Miss Colley presided.

The Rev. Arthur French, of St. John the Evangelist, opened the meeting, and his address was most inspiring and helpful.

The reports of Secretary and Registrar showed something of a decrease in the work during the year, owing to the facts that we had fewer members, the stringency of the stock market in the early part of the year, and the war.

The number of members was 244; number of registrations 1,225, 362 less than our last record, while the cases attended to number 1,189, 187 less than last year.

Two of our members have gone to the front with the Canadian Contingent, and a number are very disappointed that they were not equally fortunate. Three have married, three have returned to their homes in England, two very valued members have gone West, and two we have lost by death. Miss Keech, one of the most popular graduates of the Western General, died as the result of an automobile accident on September 21st. Our sympathy was extended to her relatives, and three members of the committee attended the funeral.

The news of Miss Hayes' death, which occurred in Toronto on Sunday last, has just reached us. She was not well in the early summer, and went to stay with a sister, thinking the change would do her good. We have had no particulars of her illness yet.

The election of officers resulted as follows: President, Miss Phillips, by acclamation; 1st vice-president, Miss Colley; 2nd vice-president, Miss Dunlop; secretary-treasurer, Miss DesBrisay. Committee: Misses Wright, McBeath, Hill, I. Stewart, F. M. Thomson, Welch, Smardon, Wilkinson, Fraser, Lucy White, G. Wilson, and Douglas.

Following in the wake of the session of the Convention of the Homemakers' Clubs of Saskatchewan, which was devoted to the consideration of the momentous question of how to secure trained nurses for the people in the more or less isolated parts of the country, came many invitations to Miss MacKenzie to visit different parts of the province so as to look over the field, meet the people, and explain the working of the scheme. It was arranged to visit many places between September and December.

Early in the summer, the ever-energetic and enterprising president of the Grand Heights Homemakers' Club, Mrs. Ellis, arranged for a triumphal motor tour of the districts of as many clubs as possible. Consequently, on the morning of September 2nd, the horn tooted, and away we went. We stopped for a chat at Nolin, and on to dinner with Mrs. Knowles, who made us welcome, though we arrived unannounced. Immediately after, we left for a meeting in the Glen Rose School House, where we crowded in before the Dominie had had time to pack away his things. There we had a very interesting discussion after the address, and the opinion was practically unanimous that a nurse is needed in that section, and that the V.O.N. scheme promises to be the most workable one. Then tea was served, Mrs. Jellison doing the honors at the tea table. All too soon we had to get away, as the shadows began to lengthen.

That evening and night we were the guests of Mrs. Finlayson, who gave us a most hearty welcome and entertained us right royally. Refreshed, we started next morning and reached Mrs. Ellesworth's in time for dinner and a nice little chat before we were under way again for Mrs. Shepherd's, where the Hyde Park Homemakers and their friends assembled to discuss the nurse proposition.

The room was well filled with a most interested audience, and not one doubtful word was heard as to the success of such a scheme. Over the teacups the discussion was kept up, and all seemed loath to tear themselves away. But it had to be, because the Clarksdale Club was meeting in the evening, under the leadership of Mrs. Gordon.

We met in the school house, and several men attended. There was a great deal of discussion and not so much unanimity as in the other

meetings. A nurse would be a great boon to that part, and it is to be hoped she will soon be a reality.

The night and next morning were pleasantly spent at Mrs Gordon's hospitable home, and in the afternoon we repaired to Mrs. Jackson's to meet the Glen Bush Homemakers. The meeting was small, as there had been some misunderstanding as to dates, but the few were interested, and a pleasant hour was spent.

After supper we went to Rabbit Lake, expecting a meeting, but a change of secretary and a not-too-perfect post office system combined to cut out that meeting—so back through the beautiful evening colors we went to Mrs. Jackson's home, where we were entertained.

In the morning a long ride awaited us, so we started early for Heatherly, where we were entertained most hospitably by another loyal Homemaker, and then we repaired to the school house for our meeting. We had a splendid turnout, and a number of men attended. It was a pity, that owing to its being threshing time so few men could get to the meetings, as we feel they should know about the scheme and would be a great help in carrying it out. There was a a great deal of good helpful discussion, and the Grand Heights Club put itself on record as favoring the scheme, and promised an annual subscription towards the support of a nurse, should a branch be organized. All the clubs visited had pledged themselves to the same.

We were very much honored by being entertained at supper by the Bachelor Homesteaders, and after the meal we had to acknowledge that they certainly did get along well without womenfolk.

Then away again, so as to reach Highworth before darkness came upon us. At Highworth, Mrs. Ellis made us welcome, and entertained us over Sunday.

It had been planned that the grand finale should take place at Mrs. Finlayson's on Monday afternoon, and a large mass meeting, with representatives from all the clubs for miles around, had been arranged for, when a definite working plan should be decided upon, but it was decreed otherwise—the weather tried out all the tricks it had ever learned, and, as the boys would say, "then some."

The tour was a success, the meetings were so well attended, the interest so real, that we must feel that much good will come of it. The trip itself was a great pleasure, through the country with its ripened grain, over the hills, and down into the valleys with the herds feeding peacefully, while at times the coyotes ran along beside the car, with their cushion-footed tread, casting furtive glances at us as they went. The "pert" little gophers sat up and blinked and frisked their tails, and seemed to say, "Touch me if you dare." Many birds from time to time darted before us, and as the soft shades of evening fell we could not but feel the calm peace and beauty of the country, and we would find ourselves humming:

"God's in His heaven,
All's right with the world."

HOSPITALS AND NURSES.

British Columbia

The first of a series of lectures by Major F. C. McTavish, M.D., on the work of the Army Medical Corps and Military Nursing, was given on September 18th, in the Nurses' Residence of Vancouver General Hospital. The lecture was most interesting and was well attended. A lecture will be given every two weeks and all nurses are invited to attend.

Miss Burpee and Miss Amy Howard, who volunteered some time ago for active service, left Vancouver on September 18th, to report at Quebec for duty. Miss Burpee, formerly of Woodstock, N.B., has had a wide experience in nursing, and Miss Howard gained her experience in the Old Country. Both nurses are members of the Vancouver Graduate Nurses' Association, and the Association gave them a hearty send-off.

The new General Hospital at Summerland was opened on September 17, 1914. This hospital, which is modern and well equipped, is superintended by Miss Aitchison.

Manitoba

Winnipeg General Hospital: Miss Alfreeda Attrill ('09) was one of the few nurses chosen from the West for Red Cross work at the front. She left in September for Quebec, expecting to sail with the expeditionary forces from Canada. Before leaving Winnipeg Miss Attrill was presented with a traveling case by her friends, many of whom were at the station to bid her goodbye.

Miss C. DeNully Fraser ('06), who has been spending the past summer in England, has been accepted as a naval nurse. Miss Fraser has a brother with the British fleet in the North Sea.

Miss Chisolm ('14) is on the staff of the Dauphin Hospital.

Sincere sympathy is extended to Miss Lily Kidd ('07), on the recent death of her father.

Miss M. MacRae and Miss B. McKinnon (class '11) were visitors to the city in September. They expect to return to the coast, where they will engage in private nursing.

Mrs. Kennedy (Grace Tilhuly, '11) spent September at her home in Selkirk, Man.

Mrs. T. P. Bawden (Minnie Irving, '07), of Moose Jaw, was a visitor to the city in October. Mrs. Howard Scott entertained the class of '07 in honor of Mrs. Bawden.

ONTARIO

The Victoria Hospital Alumnae Association, London, have resumed their fall and winter meetings, the first one being held on Tuesday evening, October 6th. There was a fair attendance. The evening was devoted to a discussion of the Constitution and By-Laws of the Association, and the arrangement for the program for the coming meetings, which promises to be interesting and instructive.

It was decided, out of the funds in hand, to present to the tuberculosis ward an invalid wheel chair. Refreshments were served at the close.

The regular monthly meeting of the Kingston Nurses' Alumnae was held at the Nurses' Residence, on Tuesday, October 6th, the President, Mrs. Nicol, in the chair. There were fifteen members present. We were glad to welcome an old member, Mrs. Makepeace (nee Ballantyne, class '99), who is at present taking post-graduate work at Kingston General Hospital.

Miss Milton, our delegate to the annual convention at Toronto, read a very interesting paper on her visit there.

After much discussion it was decided to form a chapter of The Graduate Nurses' Association of Ontario, which will hold alternate meetings with our Alumnae. The following officers were chosen: Chairman, Miss Milton; vice-chairman, Miss Baillie; secretary-treasurer, Miss Hiscock; assistant secretary-treasurer, Miss Fairlie. At the close of the meeting Miss Boskill, Superintendent of Nurses, very kindly invited the members to her rooms for afternoon tea, which was greatly enjoyed.

Mrs. Shibley (nee Winters, K.G.H.) is convalescing in Kingston General Hospital, after a serious operation.

The following nurses, graduates of the Kingston General Hospital, were accepted as volunteers for military service: Misses Willoughby, Hinchey, MacAllister, Mercer, Arnold, F. MacCallum. They left Kingston on September 26th, many of their friends being at the station to bid them "Bon Voyage." The Kingston Alumnae gave each of the volunteers a small gift of confectionery.

The Annual Retreat was held at St. Michael's Hospital, Toronto, during September, conducted by the Rev. Dr. Kehoe, of St. Augustine's Seminary. The usual cordial invitation was extended to the graduates. A great number attended.

Miss Edna Blaney entertained, at the tea hour on September 4th, all the graduates of St. Michael's Hospital from the year 1910 back. A goodly number availed themselves of this unique invitation and spent a most enjoyable time.

Hamilton: Miss Barbara Simpson, who resigned as Assistant Superintendent of Nurses, H.C.H., has accepted the position of Matron

of Margret Cox Distributing Home for Girls, Peterborough.

Miss Sampson has gone to England as one of the military nurses for the Canadian Contingent.

Mrs. King is taking a post-graduate course in Mount Sinai Hospital, New York.

Miss Milne has returned to the city to do private nursing.

Miss Elma G. Gunter entered upon her new duties as Night Supervisor in Children's Hospital, Winnipeg.

Miss Edna L. Gunter, of Winnipeg, late of Morris, Man., has resumed work after seven months' rest. She was a patient in Winnipeg General Hospital for six weeks with typhoid and pneumonia.

The regular monthly meeting of the Graduate Nurses' Association of Thunder Bay District was held October 2nd, at the R. M. & G. Nurses' Home. In the absence of the President, Miss Patterson, first Vice-President, took charge of the meeting. A well attended meeting was brought to a pleasant close with refreshments and a social half-hour.

The new surgical wing of St. Joseph's Hospital, Port Arthur, is rapidly nearing completion.

Miss Spearing will resume her duties as School Nurse, in Fort William, the first week of October, after having taken a month's post-graduate in school nursing in Toronto.

Miss E. Brody, of "Hearts Delight" Farm, Chazy, N.Y., who is a graduate of the Toronto Western Hospital, has spent the past month with Toronto friends.

The Toronto Western Hospital Alumnae Association held the first meeting of the season on October 2nd, at the Nurses' Residence, 24 Rosebery Ave. Mrs. Valentine, president, having resigned, the first vice-president, Miss Anderson, was in the chair. There was quite an accumulation of business requiring attention, after which Miss Davis, Delegate of the Association to The Canadian National Association of Trained Nurses at Halifax, gave a very interesting report of the Convention, and also the Convention of the Society of Superintendents, held at the same place. The attendance was large and at the close all joined heartily in the social part of the programme.

Nursing Sisters Florence Hunter and Beatrice Blewitt, reported for active service at Quebec, September 23rd, and sailed for Aldershot, England, on September 24th.

A very interesting affair took place at The Toronto Graduate Nurses' Club, Sherbourne St., on September 29th, in honor of Mrs. Dafoe (nee Morrison), who, until a week before her marriage, was one of the Public Health Nurses. Thirty-two nurses sat down to a dainty supper and partook of the many good things provided by the Club. All joined in wishing the bride every happiness in her new home.

The regular meeting of the Riverdale Hospital Alumnae Association was held at the hospital on October 8th. As this was the opening meeting of the season, there was a large attendance. Miss Mathieson gave a most interesting account of her trip to Halifax and of the excellent papers read at the Convention. Refreshments were served at the close.

Lady Stanley Institute: Miss Hamilton, for some time assistant superintendent at the Protestant General Hospital, resigned her position October 1st. She will be greatly missed in every department of the hospital's work, and our best wishes go with her into the new life she will shortly enter.

Miss McDonald, a pupil nurse, is acting assistant at present.

Ottawa General Hospital: The first meeting for this season of the alumnae was held October 2nd, when a most interesting paper on "School Nursing" was given by Mrs. McGee, a graduate of the Ottawa General Hospital.

Sister Joseph is away on her holidays.

Sister St. Afra has been transferred to the Champlain Valley Hospital, Plattsburg.

Miss Hope Brunnell, class '14, is leaving shortly for New York, where she will take a post-graduate course at the Polyclinic Hospital.

Of the 105 nurses who left for the front with the first contingent, the following were from Ottawa: Misses Margaret Smith, Lydia Smith, Jean Stronach, Jean Bell, Gertrude Halpenny, Goodeve, Princeps, Georgie McCullough, Lambkin, and M. M. Mills. Four other Ottawa nurses are relieving at the Military Hospital, Quebec—Misses Brankin, Turcotte, Kinnear and O'Reilly.

Quebec

The Graduate Nurses' Association of the Eastern Townships has volunteered to give a series of talks on "First Aid" to the Girl Guides of Sherbrooke. The first talk, which was recently given by Miss Orford, at the High School, was listened to with attention by the newly-formed organization of young girls.

Miss Elizabeth J. Nicol, of Aberdeen, Scotland, a graduate of the Brownlow Hill General Hospital, Liverpool, England, has recently come to Sherbrooke to take up private nursing.

The new Sherbrooke Hospital, which was opened by the Duke of Connaught on June 18th, will be formally dedicated on Thursday, October 8.

Miss Munroe, for some years assistant in the operating room, R.V.H., Montreal, has resigned her position and was married on September 23rd, to Mr. Simpson, of Montreal. They sailed from New York on the 26th, as Mr. Simpson joins a regiment in his native coun-

try, Scotland, for active service in the war. The head nurses presented Miss Munroe before leaving with a silver cream jug and sugar bowl.

Seven nurses from the R.V.H., Montreal, have gone with the Canadian Contingent to the seat of war. Misses Clint, Ida Smith, Denmark, Dussault, Jessie Robertson, Winter, Mabee. We follow them with all good wishes and know that we will always be proud of them as our representatives at the front, and that wherever they are all the help and comfort in their power will be given to the wounded and suffering. Many nurses and other friends were at the station on the night of the 24th to wish them "God-speed." Mrs. Burns (Miss Wills, class of '96) has also gone from Toronto.

New Brunswick

The New Brunswick Graduate Nurses' Association resumed its regular meetings in October, after the usual summer vacation.

A number of our nurses have volunteered their services for the war.

Miss Marvin, who resigned her position as operating-room nurse in the St. John General Public Hospital, has been succeeded by Miss Maud Gaskin.

Six of the St. John nurses have recently left the ranks to assume other responsibilities. While they will be greatly missed from among the active workers, we extend our congratulations and wish them much happiness in their new spheres.

Yukon

A commodious, up-to-date operating room has been added to the Good Samaritan Hospital, Dawson, which now has every modern facility for caring for the injured.

There are four graduates from Ontario hospitals on the staff—Miss I. M. Burkholder and Miss Wallace, Toronto General Hospital; Miss Allen, G. & M. Hospital, Collingwood; Miss Watt, St. Luke's Hospital, Ottawa.

Miss I. J. Beam, graduate of Toronto General Hospital, has recently returned to Toronto, after having spent five years in the Good Samaritan Hospital.

The Canadian Women's Hospital Fund reached the handsome sum of $250,000. They started out to raise $100,000. This was accepted in the following terms: "This generous gift has been accepted by the Admiralty with deep gratitude. The new hospital will be supplementary to the Royal Naval Hospital at Haslar, and will be known as the Canadian Women's Hospital."

UNITED STATES

Miss Margaret J. Barr, Topeka, Kan., graduate of St. Luke's Hosp., Kansas City, Mo., also a graduate of the Penna. Orthopaedic Institute and School of Mechano-Therapy, Inc., 1709-1711 Green St., Philadelphia, Pa., in the Swedish System of Massage, Medical and Corrective Gymnastics, Electro- and Hydro-Therapy, has been engaged to teach Massage to the nurses in training at Christ's Hospital, Topeka, Kansas.

Miss Roberta Dunlap, R.N., a graduate of the Penna. Orthopaedic Institute and School of Mechano-Therapy, Inc., 1709-1711 Green St., Philadelphia, Pa., in the Swedish System of Massage, Medical and Corrective Gymnastics, Electro- and Hydro-Therapy, and afterwards an instructor in Massage and Hydro-Therapy at same institution, has been engaged to teach Hydro-Therapy to the nurses in training at the Robert R. Long Hospital, Indianapolis, Ind., and Massage to the nurses in training at the Methodist Hospital, and also at the Joseph Eastman Hospital, Indianapolis, Ind.

Miss Elfrieda M. Werner, Camden, N.J., a graduate of the Penna. Orthopaedic Institute and School of Mechano-Therapy, Inc., 1709-1711 Green St., Philadelphia, Pa., in the Swedish System of Massage, Medical and Corrective Gymnastics, Electro- and Hydro-Therapy, has been engaged to take charge of the mechanical department at a private hospital conducted by F. L. Ruddy, Watertown, N.Y.

ARMY SANITATION

It was with pleasure we noted that every precaution was being taken to safeguard the health of the Canadian contingent. Sir William Osler, who has the happy faculty of saying the right thing at the right time, in his fine epigrammatic way tells us that "bacilli kill more soldiers than bullets."

With the view of securing as much safety against disease and infection, arrangements were made whereby Dr. Nasmith, from the Toronto Health Department, goes abroad with the troops. In the Russo-Japanese war, the success of the Japanese army was in a very large measure due to the care given to every sanitary detail

Experts went in advance of the army and tested the water supply, marking what was good and what was bad. The moment a case of typhoid appeared the sufferer was at once removed entirely away from the army, so that infection could be spread.

That Dr. Nasmith will do excellent service there need be no fear. It is the cruelty of war to lose men by shot and shell; but it is a shame to lose them by infection. Homer was right when he sang in the Iliad:

> A wise physician, skilled, our wounds to heal,
> Is more than armies to the public weal.

—The Canadian Lancet.

FACTORY WELFARE WORK

An invitation to attend Miss Ida Bauslaugh on a tour of inspection of the city factories was not to be disregarded. So we went.

It may not be generally known just how much is being done for the girls in factories and other places of business in Winnipeg. There is much to be desired yet. Winnipeg is in its infancy as a manufacturing city. In the province outside of Winnipeg there are few manufacturing firms employing girls. If we can get things started right, it will mean a great deal to girls in the manufacturing houses that will open up in the future.

The first visit we made was to the Government telephone stations. This does not come under Miss Bauslaugh's jurisdiction, but she had the privilege of going through the buildings to examine the provisions made for the telephone girls.

A rest room is provided for the girls. In the newer stations the furnishing is really luxurious. Rugs cover the floors. There are tables for writing with numbers of easy chairs. A private telephone is given for the use of the girls when off duty, and a couch with a screen is frequently used when a girl finds herself fatigued by an extra strain. A little private room, with a couch, is for use when one is really ill. It is also used at night, when the girls can sleep between duty calls. The cafeteria serves tea all day long free of charge and luncheons at 15 cents may be had in the attractive little dining room. The kitchen and range are at the service of the employes.

At two of the exchanges there are tennis courts, which are especially patronized by the night staff. When they come off duty they prefer a game in the bracing air of the early morning to going home immediately. Having had the opportunity of sleeping part of the night, they are not too tired for this. In the winter these courts are flooded for skating. Pictures of the sweatered hockey teams adorn the walls of the rest room. Last year the "Long Distance" team were the stars.

In the main office a large room is provided for entertainment. Rallies of various descriptions take place during the winter months. Dances are frequently given by the employes. The adjoining rooms may be used for the "eats." The matrons in charge of the exchanges are on duty all day.

These conditions are, as you will see, almost ideal. They are not all as enviable as these, but they might be if employers could see the value in it. To give up valuable space for the personal comfort of the employes is not always recognized as an asset. It is only the progressive employer who sees that it gives in efficiency all that is lost in storing space.

"In visiting a factory, the points that strike me are not always the

ones that are most prominent to the casual observer. Frequently places are reported to me as 'awful,' which, from my standpoint, though not ideal, are not as pernicious as were thought. What I look at are the conditions that surround the girl herself. Are they healthful? Are they such that any girl can remain under and retain her self-respect? A factory is not a drawing room. What the employes want is fresh air, plenty of room, and some place to eat their luncheons apart from the place they work in. When we have secured this for all the factories in Winnipeg we have gone a long way towards ideal conditions."

The next place we visited was a large candy and biscuit factory in the centre of the city. We saw all the places where girls are working. They wear white aprons and caps, and look bright and happy. The air is well circulated. Large cloak rooms are provided for them, and a lunch room, with two long deal tables scrubbed to a snowy whiteness. A shelf in the corner holds their plates and saucers, with the cups hung neatly underneath. A pile of magazines on a little table suggests an agreeable way in which to spend the extra time at lunch hour.

The manager, in speaking of these arrangements, admitted that the space used for the cloak rooms and lunch room was valuable for storage purposes. He also said that it was frequently not appreciated, but it was in the way of advancement. There is no basement dipping in this factory. The dipping rooms are all well lighted and ventilated and occupy one of the upper flats.

A new bag factory was inspected. Immense windows on all sides make fresh air and sunshine free for all. Water fountains are installed on every flat. "It does away with the waste of time in going after a drink," our guide explained, but apart from that, it eliminates the old drinking cup and adds fresh water to the air and sunshine, as the free inheritance of all. In this factory, one of the most beautiful rooms in the building is set apart for the girls' lunch room. A well equipped kitchenette has a little range, where warm food can be prepared. A closed cupboard provides room for food and dishes.

The room where the sewing machines are to be installed is high and well lighted. As the company owns the property to the side and rear of the building, there is no fear of the light being shut out.

"All this care for the comfort of the employes dignifies their task," said Miss Bauslaugh. "There is no reason why a girl working in a factory should be relegated to a lower social caste than any other girl. The attitude of the employer to those doing the work is largely responsible for the attitude of the public."

This brought us to the question of wage.

"There is no minimum wage in Manitoba," said Miss Bauslaugh. "There should be one. Many of the states have it and have proved it

good. There is always the question of the effect that a minimum wage would have on the prospect of the girl under age. But girls under eighteen should be at school, and if everybody else got better wages, they could do it. No number of rest rooms," said Miss Bauslaugh, "can ever make up to a girl for being underpaid. She is in the factory to earn money, and while other provisions for her comfort are mere humanity, her first right is a good living wage."—*The Winnipeg Tribune.*

MARRIAGES

On September 19, 1914, at Calgary, Miss Marjory Gilmour (class '13, R.V.H., Montreal) to Leighton Conn, Esq., M.D., of Edmonton, Alberta.

At Winnipeg, on June 13, 1914, Mrs. R. H. Davies, graduate of Winnipeg General Hospital, class '06, to Mr. Reginald Winfield, of Kamsack, Sask.

At Winnipeg, on July 8, 1914, Miss Mary S. Bell, graduate of Winnipeg General Hospital, class '06, to Dr. E. W. Montgomery.

At Toronto, on July 20, 1914, Miss Nora Gooderidge, graduate of Winnipeg General Hospital, class '13, to Mr. Harold Mussett, of Montreal.

On September 24th, 1914, in Toronto, Miss Maud Roger, graduate of Grace Hospital, Toronto, to Mr. R. L. Benson, of Winnipeg.

At Toronto, on September 23, 1914, Miss M. Alice Shand, graduate of Toronto General Hospital, to Mr. Robert Corrigan, Toronto.

At Toronto, on September 16, 1914, Miss B. L. Morrison, graduate of Nassau Hospital, Mineola, N.Y., to Dr. Allan Roy Dafoe, of Callander, Ont.

At Toronto, on September 2, 1914, Miss Mabel Hunter, graduate of Toronto General Hospital, to Mr. Vivian Ulric Heming.

At Kingston, Ont., on September 23, 1914, Miss Margaret Cochrane, graduate of Kingston General Hospital, class '08, to Rev. Richard E. Jones, Kincardine, Ont.

At Bowmanville, Ont., on August 10, 1914, Miss Jean M. Tod, graduate of Grace Hospital, Toronto, class '13, to Mr. Arthur George Wright, of Hamilton.

On October 17, 1914, at Toronto, Miss Emma McPhayden, graduate of Riverdale Hospital, class '11, to Mr. G. Rose, of Toronto.

THE NURSES' LIBRARY.

Fish and How to Cook It, issued by The Department of the Naval Service, Ottawa, 1914.

This very convenient little volume gives a great deal of valuable information about fish, its composition and food value. Over one hundred recipes for cooking fish are given, in addition to information regarding different kinds of fish.

Copies may be obtained by applying to the Department.

The Canadian Woman's Annual and Social Service Directory for 1915. Edited by Emily P. Weaver, A. E. Weaver, E. C. Weaver, B.A., of Toronto.

William Briggs, Richmond street west, Toronto. Price $1.00 per copy, six copies for $5.00.

The volume contains twenty sections, dealing with Canada– population, government, etc.; Council of Women; Political Status of Women; Women in the Home; Child Welfare; Education; Professions and Employments; Journalism and Literature; Art, Music and Drama; Agriculture and Country Life; Community Work; Health; Recreation; Temperance and Purity; Reformatory and Correctional Agencies, etc.

"The aims of the book are: 1. To suggest the backgrounds of Canadian life--the country, the people, the rulers, the laws. 2. To take stock, so to speak, of our women's societies, our social service agencies and of some of the achievements of individual women who have attained particular success in certain lines of work. 3. To form a directory, with notes on what is being done, and addresses of headquarters, from which those interested in a special line may seek fuller information."

This Annual is the first of its kind and will, without doubt, prove invaluable to all women in all branches of work. Every nurse will need a copy. Club orders of 25 or more receive a discount of 25 per cent.

Florence Nightingale to Her Nurses, a selection from Miss Nightingale's addresses to Probationers and Nurses of the Nightingale School at St. Thomas' Hospital, by Rosalind Nash.

The Macmillan Company of Canada, Limited, Toronto.

This collection of Florence Nightingale's annual letters to the nurses of St. Thomas' Hospital, is most interesting. Letters show so intimately the spirit of the writer. Do you want to catch Florence Nightingale's spirit? Read her letters.

Materia Medica for Nurses. By A. S. Blumgarten, M.D., Instructor in Materia Medica at The German Hospital Training School for Nurses, New York.

The Macmillan Company of Canada, Limited, Toronto.

This text book presents this important subject in a clear, understandable way, full enough to enable the nurse to follow the subject in-

telligently and not feel that she is merely committing to memory so many facts.

The Midwives' Pocket Book. By Honor Morten, L.O.S. Diploma Hygiene Certificate, Bedford College, London; Nursing Certificate, City of London Lying-in Hospital; late Lecturer under the London County Council and other bodies; author of "The Nurses' Dictionary," "How to Treat Accidents and Illnesses," "From a Nurse's Note Book," etc. Revised edition.

This little book is prepared for those who have only taken the training in midwifery, but will also prove valuable to the general nurse, who may specialize in this branch.

Case Book for Massage. Published by The Scientific Press, Ltd., 28 Southampton street, Strand, London, W.C., England, is most convenient to keep records of cases in convenient form. Price 6d. net.

Notes on Skin Diseases. By David Walsh, M.D. (Edin.), M.R., C.M., Senior Physician, Western Skin Hospital, London, W., England.

The Scientific Press, Ltd., 28 Southampton street, Strand, London, W.C., England. Price 1/- net.

This is a small handbook of general information on this subject.

BIRTHS

In Montreal, on September 6, 1914, to Mr. and Mrs. George Jenkins, a daughter. Mrs. Jenkins (nee Ferguson) is a graduate of Toronto General Hospital.

At Heathcote, Ontario, on August 21, 1914, to Dr. and Mrs. MacKee, a son. Mrs. MasKee (nee MacDonald) is a graduate of Toronto Western Hospital, class '09.

At Woodstock, Ont., on July 1, 1914, to Mr. and Mrs. Kidman, a son. Mrs. Kidman (nee Knowles) is a graduate of Toronto Western Hospital, class '09.

At Toronto, on September 26, 1914, to Mr. and Mrs. Bennett, a son. Mrs. Bennett (nee Hallet) is a graduate of Riverdale Hospital, Toronto.

At Minnesota, U.S., on September 20, 1914, to Mr. and Mrs. Mitchell, a daughter. Mrs. Mitchell (nee Moore) is a graduate of Riverdale Hospital, Toronto.

At Heathcote, Ont., on Thursday, August 20th, 1914, to Dr. and Mrs. J. F. McKee, a son. Mrs. McKee (nee Alexandria MacDonald) is a graduate of the Toronto Western Hospital, class '09.

On October 5, 1914, at Ottawa, to Mr. and Mrs. Joseph Vaughan, a daughter (still born). Mrs. Vaughan (nee Gunn, class '10) is a graduate of Ottawa General Hospital.

WELFARE WORK IN FACTORY LIFE

By Frances E. Rankin, London, Ont.

"Welfare" has been defined as "anything supplied by employers for the welfare of employees, that they are not compelled by law, or expected by common custom, to provide."

Every field of welfare activity must have its own special conditions and circumstances, which will call for corresponding differences in the methods used in the endeavor to promote the objects that are the reason of Welfare.

Instead of undertaking any general discussion of the subject, I shall confine myself to a brief review of the field, and the efforts to meet the needs found in it, presented by the McClary Manufacturing Company's works in London, Ont., which has been the sphere of my own experience in Welfare work.

McClary employees in London number 1,300 or thereabouts, men and women, and boys and girls of statutory age; many, if not most, of the men being married and having families. This goes to swell the number of those coming within the range of Welfare work. As these men and women are all (with the exception of that small, casual number, coming and going, always found in large concerns) in steady employment and receipt of wages, it will be apparent at once that the ideas of pauperism and charity are excluded from Welfare work, as known here. Still, it must be remembered that many of these could not be described otherwise than as poor, and some of them are very poor.

THE VALUE OF ANTITYPHOID VACCINATION

The following excerpts from a letter by Sir W. B. Leishman, which appeared in *The Canada Lancet*, will be of interest:

"Antityphoid inoculation remains, unfortunately, on a voluntary basis in our army, and it is only possible to secure the benefit of its protection to our troops by persuading the officers and men, first, of the reality of the danger of typhoid fever; and, secondly, of the protective value of the vaccine.

"Needless to say, no efforts are being spared by the Medical Department of the Army to give effect to Lord Kitchener's strongly expressed wish that as many men as possible should be inoculated, with due regard, naturally, to the exigencies of the military situation. Steps have already been taken to impress this upon all concerned with the medical care of the home forces, as had already been done in the case of the expeditionary force.

"Many, however, of the medical officers of the territorial force, as well as the newly-enrolled civil surgeons, are less familiar than Royal Army Medical Corps officers either with the danger of typhoid

in epidemic form, to which the home forces will most certainly be exposed, or with the high protective value of antityphoid inoculation. I have no doubt that these officers, and also members of the profession outside the ranks of the army, will be consulted on the subject by many who are in doubt as to the value or the necessity of the process. In such cases I venture to appeal for the strong support which it will be in their power to give to the efforts we are making to secure the protection of the territorial force.

"The facts relating to inoculation and its results have been widely published in recent years and the pronounced benefits and harmless nature of the procedure are admitted by all who have had experience of it. I may, however, refer to a few points which, although well known to army surgeons, are less familiar to others.

"1. No army in recent wars has escaped typhoid fever, which, in several campaigns, has killed more men than the enemy. In the South African war, for instance, there were 57,684 cases of typhoid, of which 19,454 (33 per cent.) were invalided and 8,022 (13.9 per cent.) died. The deaths from typhoid exceeded the total number of men killed in action.

"2. It would be most rash, in the opinion of those who have studied the question, to assume that the forces serving at home will not be exposed to the dangers of typhoid in epidemic form.

"3. The benefits of inoculation are so well recognized in the regular forces that we find little difficulty, in foreign stations, in securing volunteers for inoculation; for instance, about 93 per cent. of the British garrison of India have been protected by inoculation, and typhoid fever, which used to cost us from 300 to 600 deaths annually, was last year responsible for less than 20 deaths.

"4. Inoculation was made compulsory in the American army in 1911 and has practically abolished the disease; in 1913 there were only 3 cases and no deaths in the entire army of over 90,000 men.

"The organization for the preparation and distribution of the vaccine should be equal to all the demands made upon it. In view of the possibility of such an emergency as has now arisen, arrangements were made some years ago at the R. A.M. College to prepare and maintain a very large reserve of the vaccine, and from this reserve we have been able to issue, since mobilization, more than 170,000 doses for the use of the troops. The Vaccine Department at the R. A. M. College, under Major D. Harvey, will continue, for the present, the preparation of the vaccine, and we are also fortunate in receiving most generous and valuable assistance from the staff of the Lister Institute and from Sir Almroth Wright.

"The ideal of universal protection is, I fear, too much to hope for, but, with the support of the profession, on which I feel sure we may count, we may hope to save many valuable lives and to minimize one of the gravest causes of depletion of the fighting force."

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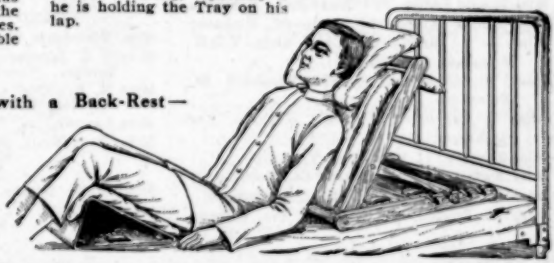

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